

Office Use Only

Received By: _____

Entered By: _____ Date Entered: _____

Itinerary for Carnival Amusement Rides

New Jersey Department of Community Affairs
PO Box 808 / Trenton / New Jersey 08625-0808
Phone 609-292-2097 / Fax 609-984-7084

Name of Owner/ Operator: _____ Office Phone: _____

Mailing Address: Street _____ Other (Cell) Phone: _____

City : _____ County: _____ State: _____ On Site Contact Person: _____

Person Submitting Itinerary: _____ Signature: _____

Chapter 14a 5:14a-9.2 --No amusement ride shall be used at any time or location unless 5 days prior to intent to use has been given to the Department. Book on rides included after initial notification shall submit an itinerary and 72 hours advance notice to the Department. Itineraries for inflatables and or book on kiddie rides shall be faxed no later than day of booking. Proof of late booking shall be required by the Department.

Set Up Dates		Operating Dates		Street Address & Event Sponsor (Be Specific)	City, Municipality, County	Type & # of Rides			
From	To	From	To			A -adult	K- kiddie	S- super	I -Inflatable